

235588

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2012 - 119 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Valencia S. Flowers

Telephone:

706-869-0034

Address: 4544 1/2 Colonial Road

Fax:

706-855-1191

Martinez, CA 30907

Other:

706-869-9143

Email:

j.sidbury@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
MAR 20 2012
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: March 19, 2012

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Exquisite Ground Transportation, LLC

4544 1/2 Colonial Road

Street Address of Applicant

Martinez, Georgia 30907

Mailing Address of Applicant (if different from street address)

(706) 869-0034

Phone

(706) 855-1191

Fax

j.sidbury@comcast.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Yalencia S. Flowers 4544 1/2 Colonial RD; Martinez GA

Jimmie L. Sidbury 4544 1/2 Colonial RD; Martinez GA

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month January Year 2012

Assets:

Cash		0
Receivables		30,000.00
Real Estate		0
Buildings and Equipment (Net)		0
Motor Vehicles (Net)		30,000.00
Garage Equipment (Net)		0
Machinery and Tools (Net)		0
Supplies on Hand		0
Prepays and Other Assets		0
Total Assets*		60,000.00
<u>Liabilities and Equity:</u>		
Accounts Payable		6,000.00
Notes Payable		3,000.00
Mortgages Payable		959.00
Equipment Obligations		0
Accrued Salaries and Wages		0
Other Accrued Obligations		0
Other Liabilities		0
Total Liabilities		
Capital Stock		0
Retained Earnings		0
Total Equity		0
Total Liabilities and Equity*		9959.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Airport Transfers \$100
 Hourly Rates \$65

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input checked="" type="checkbox"/> Abbeville	<input checked="" type="checkbox"/> Cherokee	<input checked="" type="checkbox"/> Florence	<input checked="" type="checkbox"/> Lee	<input checked="" type="checkbox"/> Saluda
<input checked="" type="checkbox"/> Aiken	<input checked="" type="checkbox"/> Chester	<input checked="" type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input checked="" type="checkbox"/> Spartanburg
<input checked="" type="checkbox"/> Allendale	<input checked="" type="checkbox"/> Chesterfield	<input checked="" type="checkbox"/> Greenville	<input checked="" type="checkbox"/> Marion	<input checked="" type="checkbox"/> Sumter
<input checked="" type="checkbox"/> Anderson	<input checked="" type="checkbox"/> Clarendon	<input checked="" type="checkbox"/> Greenwood	<input checked="" type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input checked="" type="checkbox"/> Bamberg	<input checked="" type="checkbox"/> Colleton	<input checked="" type="checkbox"/> Hampton	<input checked="" type="checkbox"/> McCormick	<input checked="" type="checkbox"/> Williamsburg
<input checked="" type="checkbox"/> Barnwell	<input checked="" type="checkbox"/> Darlington	<input checked="" type="checkbox"/> Horry	<input checked="" type="checkbox"/> Newberry	<input checked="" type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input checked="" type="checkbox"/> Dillon	<input checked="" type="checkbox"/> Jasper	<input checked="" type="checkbox"/> Oconee	
<input checked="" type="checkbox"/> Berkeley	<input checked="" type="checkbox"/> Dorchester	<input checked="" type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input checked="" type="checkbox"/> Calhoun	<input checked="" type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input checked="" type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input checked="" type="checkbox"/> Fairfield	<input checked="" type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Black	2007 Cadillac	1G6KD577874128322	

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Exquisite Ground Transportation, LLC
Name of Applicant

4544 S Colonial Rd Martinez, GA 30907
Address of Applicant

Amount of Premium: \$2641

Limits Quoted: (See Below)

Liability Insurance \$ 500,000 CSL

Limits \$500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$25,000/50,000/25,000

8-15 Passengers* \$25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Northland Insurance Company
Name of Insurance Company

1245 Northland Dr Menota Heights, MD 55120
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/19/12
Date

[Signature]
Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Talencia S. Flowers / Exquisite Ceramics
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.
- ☒ Yes ☐ No
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
- ☒ Yes ☐ No
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.
- ☒ Yes ☐ No
4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
- ☒ Yes ☐ No
5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Valencia Cook
Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Columbia)

SWORN TO BEFORE ME

This 20th day of March, 2012

Valencia Cook
Notary Public

Commission Expires _____

VALENCIA COOK
Notary Public
Columbia County
State of Georgia
My Commission Expires Feb 22, 2016

ARTICLES OF ORGANIZATION
OF
EXQUISITE GROUND TRANSPORTATION, LLC

Article 1.

Name. The name of the company is EXQUISITE GROUND TRANSPORTATION, LLC.

Article 2.

Purpose. Exquisite Ground Transportation, LLC (hereinafter "the Company") is a for profit entity whose purpose shall be to engage in the following business activities:

- a. The provision—via various makes and models of limousines, vans, and full-size sedans—of transportation services in the states of Georgia, North Carolina, and South Carolina; and
- b. Any other lawful and professional activities as may be agreed upon by Company Members from time to time.

Article 3.

Organizers. The Company is being organized by Willie Mae Sidbury and Jimmie L. Sidbury, who reside at 4544 ½ Colonial Road, Martinez, Georgia 30907.

Article 4.

Principal Place of Business. The principal place of business of the Company, and the place in which its records shall be maintained, shall be 4544 ½ Colonial Road, Martinez, Georgia 30907.

Article 5.

Agent. The initial registered agent for service of process upon the Company shall be Willie Mae Sidbury, whose office is located at 4544 ½ Colonial Road, Martinez, Georgia 30907, County of Columbia.

Article 6.

Governance. Unless otherwise stipulated by the terms of any Operating Agreement entered into by Company members, the Company shall be governed by the provisions of the Georgia Limited Liability Company Act (Official Code of Georgia Annotated Sections 14-11-100 et seq.).

Article 7.

Term. The term of the Company shall commence on the effective date of filing of the Articles of Organization with the Secretary of State as stipulated in O.C.G.A. §14-11-203(c), and shall continue until May 1, 2027, unless the Company is dissolved earlier either (a) pursuant to these Articles, (b) pursuant to any Operating Agreement entered into by Company Members, or (c) as otherwise provided by law.

Article 8.

Management. The Company shall be managed by Managers pursuant to O.C.G.A. §14-11-304. Except as set forth herein, any Manager shall have the power and authority to take action for and on behalf of the Company and in its name and to carry out the purposes for which the Company was organized, subject to the express understanding that, except as hereinafter provided and to the extent not otherwise prohibited by law, the actions of any Manager shall in all events bind the Company. Managers shall be elected by a simple majority vote of membership interest at an election unanimously called by the Members.

Article 9.

Percentage Interests. The percentage interests of each of the Members are as follows:

<u>Member</u>	<u>Percentage Interest</u>
Jimmie L. Sidbury	25%
Willie Mae Sidbury	75%

Article 10.

Taxation. By signing below, the Members elect to be taxed pursuant to the Small Business and Work Opportunity Tax Act of 2007, as the only members of the Company are Jimmie L. Sidbury and Willie Mae Sidbury, who are husband and wife, and both spouses materially participate in the operation of the Company.

Article 11.

Transferability of Interests. Each Member's percentage of interest shall transfer only in the event of his or her death, at which time the Member's interest shall transfer to Valencia Sidbury-Flowers. Should Valencia Sidbury-Flowers depart this life at any time subsequent to said transfer, the Company shall automatically dissolve.

Article 12.

Waiver of Right of Partition. To the extent not prohibited by law, each Member agrees to waive and forever forfeit any right he or she may have to cause any of the assets of the Company to be partitioned among its Members, to file any complaint or to institute any proceedings at law or in equity to cause such partition.

Article 13.

Additional Capital. The Members, via unanimous vote, shall determine whether the Company requires additional capital in order to carry on its business. If such a vote is reached, the aforementioned capital shall be contributed by the Members in proportion to their respective percentages of interest in the Company.

Article 14.

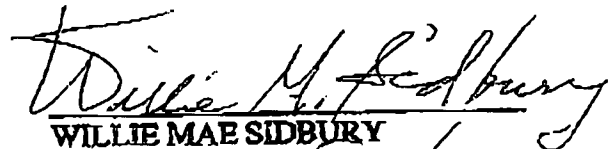
Allocation of Profits and Losses. All profits and losses shall, for tax purposes, be allocated in proportion to each Member's percentage of interest.

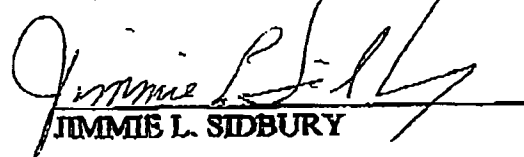
Article 15.

Additional Members. Upon formation, no additional members shall be admitted to the Company.

IN WITNESS THEREOF, the undersigned organizers have executed these Articles of Organization.

This 23^d day of August, 2007.


WILLIE MAE SIDBURY


JIMMIE L. SIDBURY

ARTICLES OF AMENDMENT
OF
EXQUISITE GROUND TRANSPORTATION, LLC

Article 1.

Name. The name of the company is EXQUISITE GROUND TRANSPORTATION, LLC

Article 2.

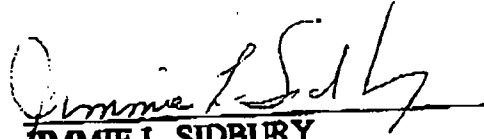
Date of filing. The original Articles of Organization of the Company were filed on May 21, 2007.

Article 3.

Amendment. The Amendment to the foregoing Articles, such Amendment being drafted pursuant to O.C.G.A. §14-11-210 of the Georgia Code, is illustrated with more particularity and attached hereto as "Exhibit 'A.'"

IN WITNESS THEREOF, the undersigned Members have executed these Articles of Amendment.

This 23^d day of August, 2007.


JIMMIE L. SIDBURY


WILLIE MAE SIDBURY

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		2. SEX F		4. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> No	
1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) WILLIE MAE SIDBURY					
5a. AGE - Last birthday (years) 68		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		6. DATE OF BIRTH 10/2/1941 (Mo/Day/Yr)	
7. BIRTHPLACE (City and State or Foreign Country) AURORA, N.C.		8a. RESIDENCE - State GA		8b. RESIDENCE - County COLUMBIA	
8c. RESIDENCE - City or Town MARTINEZ		8d. RESIDENCE - Zip Code 30907		8e. RESIDENCE - Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8f. RESIDENCE - Apartment Number		8g. RESIDENCE - Street and Number 4544 1/2 COLONIAL ROAD			
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) JIMMIE SIDBURY		
11. FATHER'S NAME (First, Middle, Last) WILLIE BARROW			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) NANCY REED		
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input checked="" type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MS, MEng, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) EXQUISITE GROUND TRANSPORTATION			17. KIND OF BUSINESS / INDUSTRY TRANSPORTATION		
18a. INFORMANT'S NAME JIMMIE SIDBURY		18b. RELATIONSHIP TO DECEDENT SPOUSE		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4544 1/2 COLONIAL RD. MARTINEZ, GA 30907	
19. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify) _____		20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) BELLEVUE MEMORIAL GARDENS		21. LOCATION - City, Town and State GROVETOWN, GA	
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY KINSEY & WALTON FUNERAL HOME 3618 PEACH ORCHARD RD. AUGUSTA, GA 30906		23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH Loretta Walton Kinsey 24. FH ESTABLISHMENT LICENSE # 1553			
25. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify): _____		
26. FACILITY NAME (If not institution, give street & number) CANCER TREATMENT CENTERS OF AMERICA			27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH TULSA, OK 74133		28. COUNTY OF DEATH TULSA
29. DATE OF DEATH 11/30/2009 (Mo/Day/Yr)		30. TIME OF DEATH 1610		31. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Acute Renal Failure</u> Due to (or as a consequence of): b. <u>METASTATIC CANCER PANCREAS</u> Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____	
35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY	
41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)		42. DESCRIBE HOW INJURY OCCURRED:		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____ Street & Number: _____ Apartment Number: _____		45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____		46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input checked="" type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Signature of Certifier: <u>Don R King MD</u>	
47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) DON R King, M.D. 10104 E 79th St Tulsa, OK 74133		48. LICENSE NUMBER 111430		49. DATE DEATH CERTIFIED Dec 14, 2009 (Mo/Day/Yr)	
50. REGISTRAR'S SIGNATURE (Local) Kathy Cooper by KDC		51. DATE RECEIVED BY LOCAL REGISTRAR DEC 22 2009 (Mo/Day/Yr)		52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)	

For Funeral Home Use Only

Name: _____

Physician: _____

Date: _____

Type or print with black, permanent ink. THIS IS A PERMANENT RECORD.

Note to the Attending Physician:
Do not sign unless the death occurred due to a natural disease process.
Unnatural deaths are the responsibility of the Medical Examiner.